



Office of the
State Superintendent of Education

MONTHLY INVOICE COVER SHEET
School Year 2011-2012

School _____

Month of Service _____ Invoice Number _____

Number of Students _____

Total Invoice Amount \$ _____

Total Tuition Costs \$ _____

Total Room and Board Costs \$ _____

Total Assessments/Evaluation Costs \$ _____

Total Related Service Costs \$ _____

Submitted by: _____ (Name)

_____ (Title)

_____ (Signature)

_____ (Contact Number)

_____ (Email)

_____ (Date)

Please submit invoices to the following addresses:

Postmarked Invoices (U.S. Mail)

Non Public Payment Program
P.O. Box 77167
Washington D.C. 20013-8167

Hand Deliveries/Express Mail

Non Public Payment Program
Office of the Chief Financial Officer
Office of the State Superintendent of Education
810 First Street NE, 9th Flr.
Washington, DC 20002